

Orientation Manual for New EH Directors

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BACKGROUND & PURPOSE

Contents:

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Background

The Washington State Environmental Health Directors (WSEHD) organization is made up of individuals who are in leadership positions and are responsible for managing environmental health programs in local health jurisdictions across the state.

An Ad Hoc Environmental Health Directors (EHD) Orientation Manual Committee was established at the Statewide Environmental Health Directors' meeting in Leavenworth Spring 1998. That committee developed a tool kit of resources and information, parts of which are being updated and incorporated into this orientation effort.

Purpose

The purpose of this orientation manual is to provide new environmental health directors with:

- an overview of public health and the public health system in Washington State;
- an understanding that environmental health is an integral part of that system;
- a framework for assessing their current level of understanding and competency; and,
- resource links for more information.

The Need

New Environmental Health Directors come to this position with backgrounds as varied as the nature of our work. Many have technical expertise in one, or a handful of environmental health program areas, some are new to environmental health altogether, but bring with them a background in management and supervisory skills. Regardless, directing a successful local environmental health section requires:

- the ability to communicate with local and state policy makers, while being able to communicate complicated scientific information to the general population;
- the ability to develop and balance budgets, while anticipating future budgetary needs;
- anticipating emerging environmental health issues, while assuring that core environmental health programs have the resources needed to be carried out;
- the ability to read and interpret legal documents, including codes and ordinances, while not losing sight of the environmental public health significance behind these documents;

- an understanding of all environmental health programs and a level of technical competency commensurate with the needs and organizational staffing of his/her department;
 - administrative and personnel management skills necessary to develop and maintain a competent staff;
 - contract administration, grant writing; and
 - the ability to work effectively with citizen groups, sister agencies, the media and political leaders.
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HISTORICAL BACKGROUND

Contents:

- Chronology of Significant Dates
- History of the WSEHD
- WSEHA Training Environmental Health Staff
- Re-creation of a State Department of Health
- WSEHD By-Laws
- Core Functions of Environmental Health
- Public Health Improvement Plan(PHIP)
- Affiliation with Washington State Association of Local Public Health Officials (WSALPHO)
- Environmental Health Indicators

Chronology of Significant Dates

1975	Washington State Environmental Health Directors (WSEHD) is established
1985	The WSEHD recognizes the WSEHA as our primary training organization
1989	WSEHD is key participant in re-creation of a State Department of Health
1992	By-laws for WSEHD established
1993	WSEHD develops Core Functions of Environmental Health
1994	WSEHD participates in developing the bi-annual Public Health Improvement Plan
1995	WSEHD establishes affiliation with WSALPHO
1996	WSEHD develops Environmental Health Indicators

History of the WSEHD

The Washington State Environmental Health Directors (WSEHD) Group was established in 1975 to:

- a) provide a forum to network on current environmental health issues facing each agency,
- b) protest the non-collaborative policy making procedure used by the Health Services Division of the Department of Social & Health Services (agency responsible for public health prior to re-creation of a Department of Health in 1989), and
- c) jointly develop recommendations to DSHS on the draft Food Service Sanitation rules.

The WSEHD, due to travel and time restraints, determined to meet as a separate Eastside and Westside Groups on a monthly or as needed basis. The Group as a whole would meet twice each year (typically during March and October) for a 2-day session to decide policy issues and elect officers. In the mid-1990's Leavenworth was established as the meeting place for the Statewide meetings.

WSEHA Training Environmental Health Staff

The Washington State Department of Ecology (DOE) decision in the early 1980's to define bio-solids as part of the solid waste stream caused considerable concern for the WSEHD. Recognizing their lack of knowledge about septage and bio-solids handling, the group worked with DOE to conduct a 2-day Bio-solids Workshop at the Tacoma-Pierce County Health Department auditorium in Tacoma in 1981. The effort forged closer working relationships with Wastewater Treatment Plant Operators.

The tremendous effort to plan and conduct a 2-day workshop caused the WSEHD to look to our professional association, the Washington State Environmental Health Association (WSEHA), as the group with primary responsibility for training local health jurisdiction (LHJ) staff. WSEHA has conducted annual Pool Workshops, periodic Legal Aspects of Environmental Health Workshops and a 2-day Annual Educational Workshop since 1972. The formalized an agreement with WSEHA to serve as the primary training group for LHJ staff. WSEHD would recommend training needs to WSEHA.

Re-creation of a State Department of Health

General dissatisfaction with public health policymaking and lack of financial assistance from the Health Services Division of DSHS led to discussions of re-creating a State Department of Health in the mid-1990's. John Fish, Chief of the Department of Environmental Health & Safety at the University of Washington, established a work group to present the rationale for a State Department of Health to the Health care Committee of the Legislature at the close of the Washington State Public Health Association meeting in October of 1986.

Efforts to establish a State Department of Health & Environment or State Department of Health began in earnest in 1987. WSEHD joined forces with many allies of public health to forge legislative support for a department, which would serve as a focal point for public health. Various combinations were recommended to the legislature in 1987, 1988 and 1989. Governor Booth Gardner in the waning moments of the 1989 legislative session became an advocate for a new department. Bill Hagens, Senior Advisor to the House Health Care Committee (with Dennis Braddock as Chair) drafted legislation strengthening the authority of the State Board of Health and creating a State Department of Health.

WSEHD By-Laws

WSEHD established informal by-laws regarding terms of office, election of officers, meeting dates for Eastside, Westside and Statewide meetings, decision making and voting. These informal meeting rules were formalized as By-Laws for the Washington State Environmental Health Directors Group at the Spring 1988 Statewide meeting.

Core Functions of Environmental Health

Double digit increases in the cost of health care were impacting businesses and government employers in the early 1980's. Washington State as a major provider of health care through the Health Care Authority and Medicaid saw the need to manage these costs. Governor Gardner established the Washington Health Care Commission in 1988 to assess the problem and recommend solutions regarding the crisis. WSEHD participated in Washington Health Care Commission workshops, attempting to insert access to environmental health services as part of the Uniform Benefits Package.

The close of the 1992 legislative and completion of the Washington Health Care Commission Report set the stage for Health Care Reform during the 1993 legislative session. Key staff from the Senate and House committees responsible for health care issues met with Washington State Association of Local Public Health Officials at this time, advising that Health Care Reform would be the consuming legislative effort in 1993. Public Health's efforts to secure some state funding of local public health programs would be best accomplished during the Health Care Reform effort. WSALPHO assembled a work group at the Alderbrook Inn in Mason County to determine the state's contribution to assure adequate public health protection in Washington State. A "Core Functions of Public Health" document was completed to help articulate the "job" of public health and its importance..

WSEHD, in early 1993, met in Olympia to prepare a companion document focusing on the history, accomplishments and challenges to environmental health practitioners. The document became part of the educational packet presented to the Washington State Legislature during the 1993 session. The Health Services Act of 1993 included public health as a part of health care services essential to the public. The down payment for funding the state's portion of public health was tied to services to be outlined in the Public Health Improvement Plan, to be delivered to the legislature by December 1994.

Public Health Improvement Plan (PHIP)

The Health Services Act of 1993 included approximately \$20 million in non-categorical or "Urgent Needs" funding for public health with an additional \$10 million in categorical funding. Public health jurisdictions, legislators, local board of health members, tribal leaders, health care providers, citizens and other groups were assembled by the State Department of Health to prepare the first PHIP. WSALPHO had 4 representatives, 1 being from the WSEHD. Four (4) Task Forces (Capacity Standards, Activity Standards, Finance & Governance and Personal Health Transition) were established to assist the Steering Committee. WSEHD and Environmental Health staff participated on 2 of the 4 Task Forces.

The PHIP was truly a collaborative effort. It was completed on time and distributed across Washington State. Department of Health staff shared the document around the United States. WSEHD members have also participated in the 1996 and 1998 updates of the PHIP.

Affiliation with Washington State Association of Local Public Health Officials (WSALPHO)

WSALPHO is made up of the 4 key management groups of local health jurisdictions. These groups are the Local Health Officer Group, the Public Health Leadership Forum Administrator (PHELF), the Washington State Nursing Directors (WSND) and WSEHD. WSALPHO is the policy group for local public health issues.

WSEHD preceded the formation of WSALPHO in 1977. As such, WSEHD became active in the legislative process in the mid-1970's, continuing an independent effort even after WSALPHO began to exercise leadership in re-creating a State Department of Health (1986), securing funding for HIV/AIDS (1988) and Health Care Reform (1993). Typically WSALPHO deferred to WSEHD for positions statements and testimony on environmental health issues.

Efforts to secure funding for local public health demanded a coordinated approach before the legislature. Increasing WSALPHO dues in 1995 allowed for the hiring of a WSALPHO Administrator (currently Vicki Kirkpatrick) who is housed in the Washington Association of Counties building in Olympia

Specific legislation in the late 1990's placed the WSEHD at odds with WSALPHO. A determination in 1997 established a coordinated decision making protocol with WSALPHO articulating the final decision. WSEHD still plays a leadership role in legislation affecting environmental health programs, however, through establishment of a strong Legislative Committee, use of the WSALPHO-L internet connection and prompt communications on legislative efforts facilitated by the WSALPHO Administrator, public health articulates a coordinated voice to the public and legislature.

Environmental Health Indicators

WSALPHO and the 1994 PHIP Steering Committee were aware that additional funding from the Legislature would be predicated upon proving public health goals were being met. A few performance standards (mostly for Personal Health programs) were suggested in the 1994 PHIP. However, the task for developing indicators and performance standards were left for later PHIPs.

WSEHD began the development of Environmental Health Indicators in 1996, completing a working draft in 1996. The preliminary indicators were to be piloted throughout the state. The Spokane Regional Health District assembled a spreadsheet program to facilitate recording of data. Once local health jurisdictions became comfortable with reporting on the preliminary indicators, additional indicators were to be developed.

Update Needs:

APEX/PH / EH Addenda / PACE/EH

Workforce development – Performance Standards, EH Competency Project

BY-LAWS OF THE WASHINGTON STATE ENVIRONMENTAL HEALTH DIRECTORS

Adopted by East Side Directors September 3, 1992
Adopted by West Side Directors September 4, 1992
Amended at the Statewide Meeting: October 17, 2002

I. NAME

The name of this organization shall be the WASHINGTON STATE ENVIRONMENTAL HEALTH DIRECTORS (hereinafter referred to as WSEHD).

II. PURPOSE AND MISSION

The purpose and mission of the WSEHD is providing a forum for leadership and support to develop and influence environmental public health policy in Washington State.

III. GOALS

A. **Policy:** The WSEHD will anticipate, develop and evaluate policy to maintain and enhance public health.

B. **Communication:** The WSEHD will enhance communication by delivering our message with one coherent and cohesive voice.

C. **Legislation:** The WSEHD will ensure that decision makers (local and state) understand and support the role and importance of environmental health. Decision makers will recognize WSEHD as the credible voice on environmental health issues in Washington State.

D. **Leadership:** The WSEHD will develop leadership skills that allow members to effectively promote environmental health and address existing and emerging public health issues.

E. **Education and Training:** Collaborate with partners to assure adequate training and education for members of the WSEHD and for our respective technical and program staff.

V. GUIDING PRINCIPLES

The members of the organization express these guiding principles as behavioral norms in order to further the mission and purpose of the WSEHD:

1. Attend regional and statewide meetings to the fullest extent possible.

2. Actively participate in discussions, committee assignments, decisions, and with other public health forums.
3. Maintain attention to the issue or agenda item before the group.
4. Control disruptions to the group's process by eliminating distractions.
5. Maintain an open mind to other points of view or ideas.
6. Listen actively.
7. Promote decisions by consensus whenever possible.
8. Strive to promote the overall mission and goals of the group over individual needs.
9. Display respect, trust and honesty in dealing with others in the group and guest.
10. Recognize that disagreement is natural and healthy in a democratic society, and support individual's ability to agree to disagree in a professional manner.

V. ORGANIZATION -- COMPOSITION AND REPRESENTATION

Membership shall be limited to that person (or that person's designee) who is in direct charge of the environmental health program of each jurisdictional health department in the state and the Assistant Secretary for Environmental Health Programs, Washington State Department of Health. The group shall be organized into two regional groups, each consisting of local environmental health directors representing the east and west sides of the state, known hereafter as the West Side Regional Environmental Health Directors and the East Side Regional Environmental Health Directors. The composition, realignment or dissolution of the regional groups shall originate from the affected region and be confirmed by the Executive Committee. Regional groups may meet independently at the call of the regional chairs.

WSEHD meets as a whole two to three times annually, (spring, summer, fall) at a central location, at the call of the Executive Committee, and is attended only by members and such invited guests and resource individuals as the chair or Executive Committee deems to be appropriate. Only members may vote.

VI. OFFICERS

A. The officers of this organization shall be a chair, chair-elect, east side chairperson, west side chairperson, secretary/treasurer, member-at-large and immediate past chair.

B. The officers shall be elected at the fall annual meeting and will take office at the conclusion of that meeting. The chair-elect normally advance to the chair the following year, and one of the regional chairpersons normally advances to the office of chair-elect. The chair-elect normally alternates between east and west regions. This practice does not exclude, however, other nominations by the Nominating Committee or possible nominations from the floor for any office. Should a vacancy occur during the term, an appointment shall be made by the region with the vacancy and will be confirmed by the Executive Board.

VII. DUTIES OF OFFICERS

A. Chair

1. Presides at statewide meetings and shall be ex-officio member of all committees.
 2. Acts as chair of the Executive Committee.
 3. Invites guests and resource individuals to the statewide meetings.
 4. Appoints committees and chairs as designated by the group as a whole or the Executive Committee.
 5. Represents WSEHD at appropriate meetings or functions (WSALPHO, WSEHA, NCLEHA,
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WSPHA and others).

6. Appoints at his/her discretion a special representative when official representation of the directors is requested or desired at special meetings, before special bodies, or when liaison is requested with other agencies.

7. Approves expenditures of funds consistent with approved budget.

B. Chair-Elect

1. Serves as chair pro-tem in absence of chair.

2. Serves as ex-officio member of all committees.

3. Serves as program chair for the statewide meetings.

4. Oversees the presentation of the annual budget, subject to the instructions of the Executive Committee.

C. Secretary/Treasurer

1. Serves as chair-elect in the absence of the chair-elect.

2. Registers delegates at the statewide meetings and assists in the preparation and distribution of the minutes of the statewide meetings and Executive Committee meetings.

3. Accounts for expenditure and collection of funds for formal WSEHD business. Reports to the membership at each statewide meeting.

4. Acts as parliamentarian per Roberts Rules of Order.

5. Obtains reports, recommendations or resolutions from working committees during the statewide meeting for the purpose of reporting the proceedings to the membership.

6. Serves as ex-officio member of all committees.

7. Maintains official organizational records, including the Procedural Manual noted in Section XI, and the WSEHD Orientation Manual.

D. Immediate Past Chair

1. Advises the newly installed chair of all resolutions that were presented during his or her term of office and their present status of disposition.

2. Works to complete actions approved during their term of office to assure implementation.

3. Serves as chair of the Nominating Committee.

E. Member At Large

1. Serves as chair in the absence of all other members of the Executive Committee.

2. Oversees attendance of members at the monthly regional and the three statewide meetings. Contacts members who have repeatedly missed meetings and encourages their participation in upcoming meetings.

VIII. EXECUTIVE COMMITTEE

A. Composition -- The Executive Committee shall be composed of five members. They are the chair, east and/or west side chair, secretary/treasurer, member-at-large, immediate past chair and the Assistant Secretary for Environmental Health Programs, Washington State Department of Health. Each regional chair is elected by the regional group for a two-year term.

A regional chair shall serve one year of his/her two-year term as statewide chair. The statewide chair shall alternate on an annual basis between the east and west side chairpersons.

B. Duties -- The Executive Committee shall meet at least twice annually, at the call of the chair. The committee shall plan the agenda for the state-wide meetings, prepare and oversee preparation of amendments to the by-laws for submission to the entire group for approval, interpret and apply the by-laws in specific situations, approve the annual budget, and shall carry out other assignments as directed by the chair or as otherwise specified in the by-laws.

IX. NOMINATING COMMITTEE

The Nominating Committee shall consist of the most recent past chair and east and west side regional chairpersons. The Nominating Committee shall be responsible for presenting at the fall meeting a report nominating eligible members for election to the various offices of WSEHD. The immediate past chair shall be chair of the Nominating Committee.

X. BY-LAWS

WSEHD shall formally adopt by-laws establishing their operating procedures. These by-laws should include name, purpose and mission, organization, officers, duties of officers, executive committee, nominating committee, by-laws and procedure manual.

These by-laws may be amended only by a two-thirds majority vote of the members by means of ballot accompanying statewide agendas. A quorum shall mean 20 members of the statewide group.

XI. PROCEDURE MANUAL

There shall be prepared, at the direction of the Executive Committee, a Procedure Manual containing such information deemed necessary by the Executive Committee for the efficient functioning of WSEHD. The Procedure Manual may include a calendar of key events; a statement of responsibilities of officers; a list of regional groups and their composition; interpretations and application of the by-laws; a list of standing committees, together with committee charges and duties of committee chairs; legislative platform; history of the organization; past agendas; and any other appropriate matters.

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NEW EH DIRECTOR ORIENTATION PROCESS

Contents:

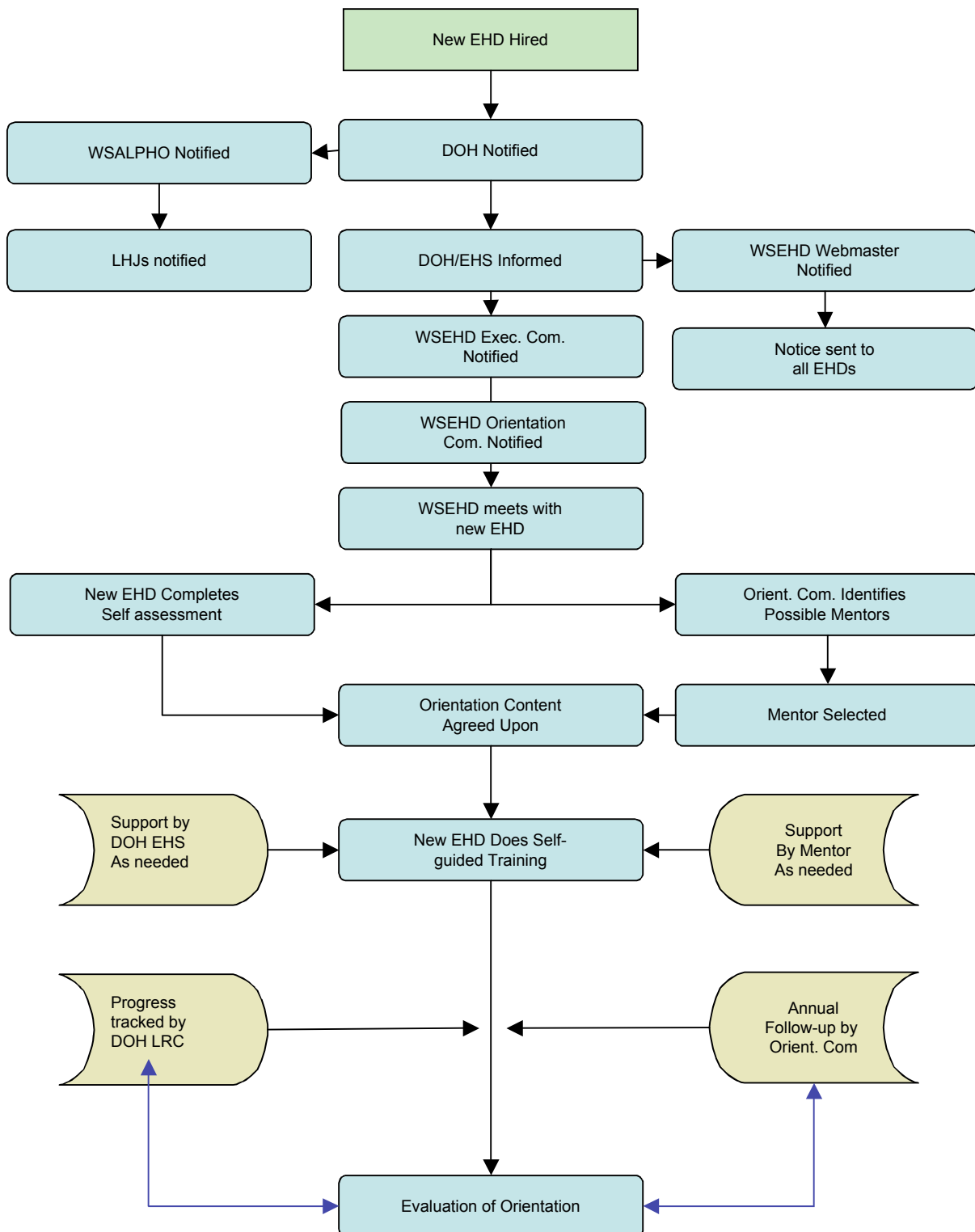
- 2.1 Introduction
- 2.2 Figure 1. Flow Chart of the Process
- 2.3 Steps 1- 10. The Orientation Process

Introduction

The orientation is an ongoing process that begins when the new Environmental Health Director (EHD) is hired and continues until the new EHD feels comfortable with his / her duties and responsibilities. DOH, WSEHD, the new environmental health director, the local health jurisdiction director, the EHD mentor[cs1], and his / her local health jurisdiction all share in the responsibilities for the orientation process.

The following figure (page 2) describes the steps in the orientation process and the persons/ groups responsible for completion of each step. Key steps include being assigned a mentor and undertaking the recommended self-study orientation[cs2]. Although it is suggested that all steps of the orientation be completed, they may occur in a different order or, depending on the new EHD's background and experience, may not be necessary at all[cs3].

Figure 1. New Environmental Health Director Orientation Process



Steps in the Orientation Process

Step 1: DOH and WSEHD are notified of new Environmental Health Director appointment.

(Responsibility: Local health jurisdiction director) The local health jurisdiction director notifies DOH Office of Environmental Health and the WSEHD executive committee [cs4]of the hiring of a new local public health Environmental Health Director.

Step 2: Environmental Health Director appointment is communicated throughout DOH and WSEHD. (Responsibility: DOH Office of Environmental Health, WSEHD Executive Committee) The DOH Local Health Liaison will contact the new Environmental Health Director and send them the orientation materials and manual.

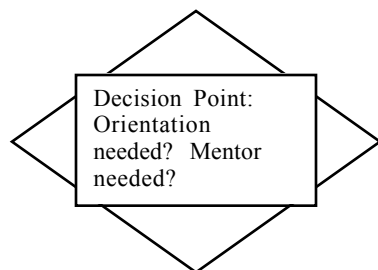
- name and address of new Environmental Health Director is communicated to all DOH programs and all other LHJs in Washington State
- local health jurisdiction directory is updated
- email address is added to address book for agency
- name and email address are added to WSEHD listserv and mailing list[cs5].

Step 3: WSEHD Chair or Chair-Elect contacts new Environmental Health Director. WSEHD officer contacts the new local Environmental Health Director and reviews the general orientation process (including the manual, self-assessments, and toolkit), discusses selection of comparable LHJ to identify an Environmental Health Director to serve as a mentor, helps deal with any immediate problems, and invites the new Environmental Health Director to the next WSEHD meeting. Offers to meet with the new Environmental Health Director if needed (optional).

Step 4: New EHD completes self-assessment and reviews Orientation Menu.

Step 5: Meeting with State liaison; chair or chair-elect of WSEHD. (Responsibility: DOH Public Health Nurse Liaison)

- Will occur within 6 weeks of EHD arrival on the job, if at all possible
- Should take place at the new EHD's LHJ unless other meetings in Olympia are also planned
- Includes provision of a few basic materials about DOH, WSALPHO, EHD forum (e.g., phone lists and organizational charts) and introduction of DOH Local Public Health Liaison, DOH Learning Resource Coordinator, DOH Nursing Director Liaison, Helath Officer Liaison, and EHD Forum Chair
- Includes review of Orientation Menu and selection of appropriate items (including important contacts in coming months)
- Copy of completed Orientation Menu is forwarded to DOH Learning Resource Coordinator [cs6]



Step 6: Mentor assigned. [cs7]Candidates are contacted, informed of responsibilities and asked about availability and willingness to be a mentor. New Mentor makes contact with new EHD at least twice during the first month and ad hoc thereafter.

Step 7: Development and review of individual orientation plan: (Responsibility: local health jurisdiction director, new EHD and mentor). The new EHD uses the self-assessments and

orientation toolkit to develop their individualized orientation plan. The new EHD then reviews and finalizes the individual orientation plan with the local health jurisdiction director and the mentor. The final orientation plan is sent with the new EHD's biography sheet (page xii) to the DOH Learning Resource Center.[cs8]

Step 8: Orientation/training occurs, largely self-guided by new EHD. (Responsibility: local health jurisdiction director, new EHD, mentor, and DOH Office of Public Health Systems Planning & Development [Learning Resource Coordinator and Local Health Liaison]) Appropriate documents, reference books, and other materials (from Orientation Toolkit) are packaged and sent to new EHD. Requested meetings are arranged. As needed, the new EHD contacts their local health jurisdiction director, their mentor, the DOH Local Health Liaison, or the DOH Learning Resource Coordinator for assistance.

Step 9: Orientation process continues until new EHD feels comfortable with roles and responsibilities. (Responsibility: local health jurisdiction director, new EHD, mentor, and Local Health Liaison)

Step 10: Orientation process is evaluated. (Responsibility: DOH Office of Public Health Systems Planning & Development [Learning Resource Coordinator], Local Health Liaison, local health jurisdiction director, mentor, and new EHD)

Update Needs:

Review by EH Directors – Decision/Guidance on Mentors

Shouldn't the Evaluation process be included in this section, rather than as a separate section?

EVALUATION

Contents:

- Evaluating the orientation process for new EH directors
- Annual evaluation of the orientation process

Evaluating the orientation process for new EH directors

The orientation process will be evaluated for each new EHD completing it. The evaluation will include an interview with the new EHD and the mentor by the DOH Learning Resource Coordinator[cs1] and EHD Liaison shortly after completion of the orientation process.

Evaluation of the orientation process

At least once each year, the EHD Forum will discuss the orientation process. The group will be asked to review results from ongoing or completed orientations and consider new needs in environmental health leadership training. Environmental Health Directors currently participating in the orientation process (or those who have completed it since the last discussion) will be asked to highlight their experiences including any problems encountered. The objectives of the discussion will be to identify ways to make the orientation process more practical and relevant to the needs of a new EHD and more feasible to undertake.

Update Needs:

Shouldn't this be moved to the previous section?

ENVIRONMENTAL HEALTH KNOWLEDGE

Contents:

- 4.1 EH Leadership knowledge (from HO / PHND pages)
- 4.2 Key Relationships
- 4.3 Legal Authority for EH Programs
- 4.4 Funding of EH Programs
- 4.5 Environmental Health Program Descriptions

Environmental Health Leadership Knowledge

Update Needs:

- 1. Obtain similar materials from HO/PHND process and use as template for 4.1 (Corrine & Carol)
- 2. Review/Revise/Format as needed for manual (Chuck)
- 3. Review by EH Directors

KEY RELATIONSHIPS

Contents:

- Purpose
- Intra-Departmental Relationships
- Inter-Departmental Relationships
- Relationships with State Government
- Relationships with Federal Government
- Relationships with non-governmental organizations
- Figure 2. Diagram Illustrating Key Relationships

Purpose

Establishing and maintaining internal and external relationships is key to successful Environmental Health Programs in a local health jurisdiction. A listing of key relationships follows:

Intra-Departmental Relationships

INDIVIDUAL or GROUP	NATURE of RELATIONSHIP	INDIVIDUAL or GROUP FUNCTION	SIGNIFICANCE
Local Board of Health	financial and policy making group	hires Director of Public Health, may hire Director of Env. Health, establishes budget	highly important
Local Health Officer	concurs on all policy, may be administrator also	RCW's mandate local health officer; may be part-time in some local health jurisdictions	highly important
Environmental Health staff	EH Director manages EH Staff	conduct routine EH program activities	extremely important
Public Health Nursing staff	Source of referrals and assistance with disease investigations and personal health services	conduct routine personal health services program activities	important
Other Health Dept. PH Program Staff,	Provide support services to direct services providers, i.e., PH Nursing and EH Services	Provision of PH activities, e.g., Health Education, Laboratory, etc.	Important
Support or Clerical staff	EH Director manages or co-manager Support Staff	provide general information to public, receive complaints, input data, minutes, copying	very important

Inter-Department Relationships

INDIVIDUAL or GROUP	NATURE of RELATIONSHIP	INDIVIDUAL or GROUP FUNCTION	SIGNIFICANCE
County Executive or Administrator*	cooperative	interface with Board of Commissioners	very important
Auditor	cooperative	tracks all department expenditures, compiles county budget, recorder of notices to title	important
Building Department	cooperative	coordinates on-site sewage permitting and water availability	important
Code Compliance Officer	cooperative, in some agencies may handle public health complaints	interface between building, planning and health department on land use complaints, prepares serious violations for prosecution	important
Emergency Management	cooperative	coordinates all county, state and tribal functions during major emergency	extremely important
Fire Marshall / Depts.	cooperative		important
Information Services (Data Processing)	cooperative	maintains phone and computer system, may be responsible for developing databases	very important
Planning Department	cooperative	coordinates land use, chairs Land Use Team	important
Police Chief / Sheriff	cooperative		important
Prosecuting Attorney	cooperative NOTE: in a health district a private attorney is required	reviews new/revised rules, counsels Board of Commissioners and health department, may defend staff in event of lawsuit	important
Public Works Department	cooperative, may be solid waste facilities licensee	part of land use team, may operate solid waste facilities, technical support for drainage	varies
Solid Waste Department	cooperative	may manages solid waste facilities, recycling facilities, Coordinated Prevention Grant	important

* Depends on the type of jurisdiction – County Health Department, City County Health District, multi-County Health District, etc.

Relationships with State Government

INDIVIDUAL or GROUP	NATURE of RELATIONSHIP	INDIVIDUAL or GROUP FUNCTION	SIGNIFICANCE
Agriculture	Cooperative	Licenses bakeries & whole-sale food manufacturers, pesticide & pest control applicators; consult on imported animal	Somewhat important

Relationships with State Government Continued

INDIVIDUAL or GROUP	NATURE of RELATIONSHIP	INDIVIDUAL or GROUP FUNCTION	SIGNIFICANCE
Washington State Legislature	Cooperative; requires input on suitability of policy making decisions	Establishes general policy for local government programs, delegates rule making to State Board of Health	Extremely important
State Board of Health	Cooperative; requires input on suitability of policy making decisions	Establishes rules for most local health jurisdiction programs, has DOH, Env. Health & local board of health member	Extremely important
Health	Cooperative & oversight agency for all env. health programs except solid waste	Technical support on all EH Program except solid waste; collaborates on rule and policy development, Joint Plan of Operation for Drinking Water	Extremely important
Ecology	Cooperative & co-regulator in solid waste	Funding (CPG) agency for enforcement, technical support for solid & hazardous waste, bio-solids and well construction, delegation agency for well construction, Joint Plan of Operation for Bio-solids	Very important
Emergency Management	Cooperative	coordinates state and tribal functions during major emergency	Very important

Relationships with Federal Government

INDIVIDUAL or GROUP	NATURE of RELATIONSHIP	INDIVIDUAL or GROUP FUNCTION	SIGNIFICANCE
U.S. Congress	Cooperative; requires input on suitability of policy and funding decisions	Establishes general policy for state government programs that can in turn be delegated to locals, funding	Somewhat important
Health and Human Services / USPHS (Includes: CDC, FDA, ATSDR, NIOSH)	Cooperative; provides technical assistance and support for many EH programs; some grants	Technical support on many EH program;	Important
Environmental Protection Agency (EPA)	Cooperative	Provide oversight over Departments of Ecology and Health Programs (Solid & Hazardous Waste, bio-solids, drinking water	Important
Federal Emergency Management Agency (FEMA)	Cooperative	Coordinates federal functions and funding during a major emergency	Important

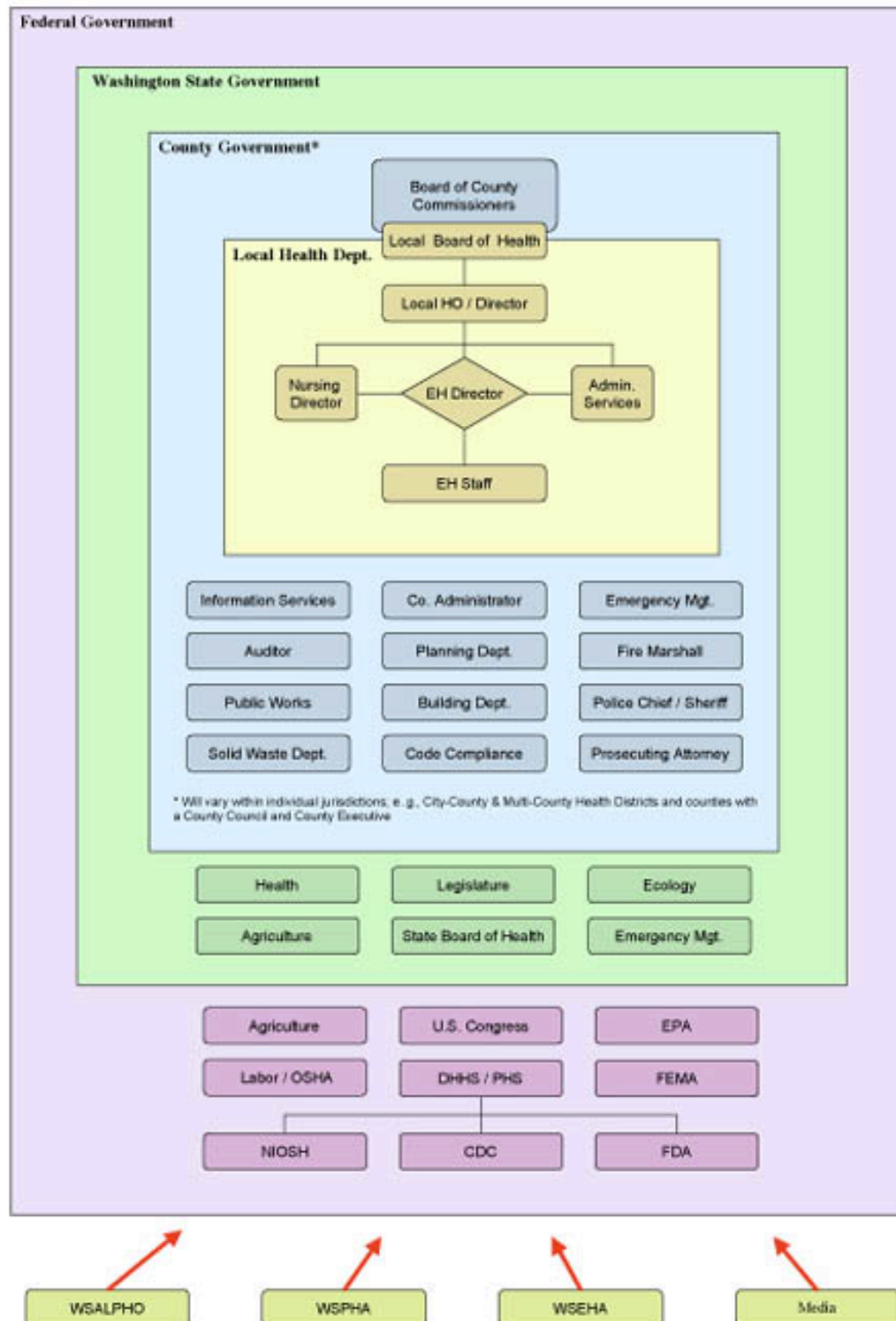
Relationships with Federal Government Continued

INDIVIDUAL or GROUP	NATURE of RELATIONSHIP	INDIVIDUAL or GROUP FUNCTION	SIGNIFICANCE
Dept. of Agriculture (USDA)	Cooperative; requires input on suitability of policy making decisions	Establishes general policy for local government programs, delegates rule making to State Board of Health	Somewhat important
Dept. of Labor / OSHA	Cooperative; requires input on suitability of policy making decisions	Establishes rules for most local health jurisdiction programs, has DOH, Env. Health & local board of health member	Somewhat important

Relationships with Non-governmental Organizations

INDIVIDUAL or GROUP	NATURE of RELATIONSHIP	INDIVIDUAL or GROUP FUNCTION	SIGNIFICANCE
Washington State Association of Local Public Health Officials (WSALPHO)	Parent organization of all local public health managers including Environmental Health Directors	Primary link to Wash. Association of Counties (county commissioners) and coordinating group for legislative and policy making efforts on behalf of local health jurisdictions	Extremely important
Washington State Environmental Health Association (WSEHA)	Cooperative	Primary professional organization for Environmental Health Practitioners; primary educator for environmental health staff	Important
Washington State Public Health Association (WSPHA)	Cooperative	Primary professional organization for personal health, dental health and public health administrators	Somewhat important
Media	Hopefully cooperative, some times tense, occasionally adversarial	Increasingly conflicted – pressure to be entertaining may interfere with news gathering and reporting functions; can be a vital resource in getting out health messages and advisories.	Very Important

Figure 2. Typical Key Relationship for Environmental Health Directors*



LEGAL AUTHORITY FOR LOCAL ENVIRONMENTAL HEALTH PROGRAMS

Contents:

- 4.3.1 Purpose
- 4.3.2 Rule Development in Washington State
- 4.3.3 The EH Director's Legal Responsibilities
- 4.3.4 Table of important RCWs and WACs

Purpose

Environmental health programs, as they are conducted in local health jurisdictions in Washington, are authorized by the general powers and duties of the local boards of health, specific state statutes and local ordinances, and the power to regulate public nuisances. The following table presents the important state statutes contained in the Revised Code of Washington (RCW) and the rules and regulations promulgated by various state agencies and codified in the Washington Administrative Code (WAC).

Rule Development in Washington State

Local health jurisdictions (LHJ) in Washington State are governed by both local and state regulations. The hierarchy of rule making authority is as follows:

- The Washington State Legislature has the primary legislative authority, developing the Revised Code of Washington (RCW). Usually RCW's provide general intent, assigning detail to a department of state government or another governmental body.
- A department (Health, Agriculture, Ecology) of state government is granted authority by the Legislature through the RCW to develop administrative rules or chapters of the Washington Administrative Code (WAC).
- The Washington State Constitution established the Washington State Board of Health (SBOH) with authority to develop Washington Administrative Code. The SBOH has developed the majority of rules (for on-site sewage, drinking water, schools, food service establishments, water recreation facilities, reportable conditions,...) carried out by environmental health staff.
- A local board of health is granted authority by the Legislature through the RCW to develop local rules and regulations. Often local boards of health will supplement SBOH rules to address local problems. Local board of health rules cannot be less stringent than SBOH rule.
- A local board of health is also granted authority by the Legislature through the RCW to develop fees to carry out local and SBOH rules.

- A city is granted authority by the Legislature through the RCW to develop local ordinances. Cities often have local ordinances governing garbage handling, keeping of livestock, development of wells within the city limits and noise control which they may request the local health jurisdiction to enforce.

The EH Director's Legal Responsibilities

The local environmental health director has responsibility to:

- Enforce SBOH and local board of health rules applicable to environmental health. The LHJ, through a Joint Plan of Operation with DOH, may have responsibility to assume some DOH responsibilities.
- Develop and submit for local board of health adoption rules necessary to protect the health of the community.
- Participate when possible in the legislative, departmental or SBOH process to assure statutes and administrative code are appropriate to protect public health.

Revised Code of Washington (RCWs) and the Washington Administrative Code (WACs)

Title	RCW	WAC	Purpose	Mandate	Funding	Priority
Growth Management Act	19.27.097		Requirement for proof of potable water before building permit can be authorized	Yes	No	1+
Minimum Standards For Construction And Maintenance Of Wells	18.104	176-160	Requirements for persons constructing or abandoning a well	Yes	Yes	2
State Board of Health	43.20		Membership, authority and responsibilities	Yes	No	1+
Powers and duties of State Board of Health	43.20.050		Authority to develop rules for prevention and control of infectious disease, drinking water, environmental conditions including food service, schools, camps and spas	Yes	No	1+
Communicable and Certain Other Diseases	43.20.050	246-100	Establishes a list of reportable conditions as well as timelines and procedures for follow-up	Yes	No	1+

Title	RCW	WAC	Purpose	Mandate	Funding	Priority
General Sanitation	43.20.050	246-203	Establishes rules for burial of dead animals, piggeries and other sanitation concerns	Yes	No	2
Food Service	43.20.050	246-215	Establishes inspection frequency and performance standards for food service establishments	Yes	No	1
Food Worker Cards	43.20.050	246-217	Sets fees and standards of practice for educating/testing food workers	Yes	Yes	2
On-Site Sewage Systems	43.20.050	246-272	Establishes statewide rules for managing on-site sewage	Yes	No	2
On-Site Sewage System Additives	43.20.050	246-273	Establishes a list of additives which can be added to OSS	Yes	No	3
Recreational Shellfish Beaches	43.20.050	246-280	Establishes standards for evaluating water quality at recreational shellfish harvesting beaches	Yes	No	3
Public water Supplies	43.20.050	246-290	Requirements for persons operating a public water supply	Yes	No	1
Group B Public Water Systems	43.20.050	246-291	Requirements for persons operating small public water systems	Yes	No	1
Water System Coordination Act	43.20.050	246-293	Requires public water systems to establish service areas and coordinate service	Yes	No	3
Transient Accommodations	43.20.050	246-360	Requirements for operators of motels, hotels and larger bed & Breakfast operations	No	No	3
Primary And Secondary Schools	43.20.050	246-366	Requirements for environmental conditions in schools and playgrounds	Yes	No	1
Camps	43.20.050	246-376	Requirements for environmental conditions in youth camps	Yes	No	1
Coordinated Prevention Grant	43.21A.080 91.11.090	173-312	Provides guidance and funding to local health for enforcing solid waste regulations	Yes	Yes	2

Title	RCW	WAC	Purpose	Mandate	Funding	Priority
	54		Authority to create water districts	No	No	2
	56		Authority to create sewer districts	No	No	2
Residential Landlord-Tenant Act	59.18		Requires local health jurisdiction to respond to complaints	Yes	No	2
Mobile Home Landlord-Tenant Act	59.20		Requires local health agency to respond to specific complaints in a mobile home park	Yes	No	2
Decontamination of Illegal Drug Sites	64.44	246-205	Requires local health agency to post warnings and supervise clean-up of contaminated properties	Yes	No	1
	70.05.060(3)		Authority for local board of health to adopt rules	Yes		1
	70.05.060(5)		Authority for local board of health to declare emergency	Yes		1
	70.05.060(7)		Authority of local board of health to establish fees	Yes	Yes	1
	70.05.070		Authority of local health officer	Yes	No	1
	70.05.070(?)		Authority for local health officer to declare an emergency	Yes	No	
City-County Health Districts	70.08		Authority to form Combined City-County Health Districts			1
Health Districts	70.46		Authority to establish Multi-County Health Districts		No	1
Polluting Water Supply	70.54.010		Authority to act when well, spring, stream, river or lake used for drinking water source is being polluted	Yes	No	1
Furnishing Impure Water	70.54.020		Authority to act when landlord is furnishing impure water	Yes	No	1
Water Recreation Facilities	70.90.120 43.20.050	246-260	Establishes authority for permitting water recreation facilities	Yes	Yes	1
Waste reduction, recycling and model litter control act	70.93			No	No	3

Title	RCW	WAC	Purpose	Mandate	Funding	Priority
Washington Clean Air Act	70.94		Establishes authority for air pollution program and authorities	No	No	3
Solid Waste Management-Reduction and Recycling	70.95		Authority to conduct a solid waste program	Yes	No	1+
Hazardous Waste	70.105		Establishes authority for permitting/handling hazardous waste			
Abandoned shafts	78.12		Requires shafts and excavations to be fenced	Yes	No	2
Shellfish Protection Districts	90.72		Allows counties to create a shellfish protection district for purposes of improving water quality in shellfish growing areas	No	No	2

Update Needs:

1. Review by DOH EHS staff
2. Revise/Format as needed for manual (Chuck)
3. Review by EH Directors

FUNDING SOURCES FOR ENVIRONMENTAL HEALTH PROGRAMS

Contents:

- 4.4.1 Purpose
- 4.4.2 Historical Perspective on Fees
- 4.4.3 Public Health Improvement Plan
- 4.4.4 Initiative 695
- 4.4.5 Initiative 695 Replacement Funds
- 4.4.6 Current Status of EH Fee Support
- 4.4.7 Funding Local EH Programs
- 4.4.8 Categorical Funding Sources
- 4.4.9 Flexible Funding Sources

Purpose

Environmental Health Programs are largely finance through permit and hourly fees (categorical funding). Limited funding for complaint investigation and inter-departmental coordination may derive from the county Current Expense Fund. The following discussion reflects some of the major events that have lead the current state of affairs. A list of funding sources for typical Environmental Health programs follows this discussion.

Historical Perspective on Fees

The Washington State Legislature through the late 1970's provided a percentage of property taxes to Public Health. This dedicated funding paid for the majority of environmental health services until it's repeal (the Legislature rescinded the dedicated public health status, feeling local elected officials would continue to fund public health at an adequate level). During the era of the dedicated Public Health Millage, environmental health fees were paid for a small (approximately 20%) percentage of the cost of providing the service.

The legislature through RCW 70.05.060 (7) granted authority to local boards of health to set fees, provided the fees do not exceed the cost of providing the service. Loss of the Public Health Millage in the late 1970's caused local health jurisdictions to substantially increase environmental health fees. Land use (on-site sewage and review of subdivisions) food establishment, temporary food service, swimming pools/spas, camps, camping vehicle parks and permits for installers/designers of on-site sewage systems make up the bulk of environmental health fees. Local health jurisdictions with direction from their communities and boards of health charged from 25 % to 75% of the cost of providing services.

Public Health Improvement Plan

Adoption of the Health Services Act by the Legislature in 1993 saw new state funding for local public health. Local health jurisdiction managers and State Department of Health staff working with House and Senate staff projected the State of Washington's share of public health funding at \$102 million by the year 2002. The initial funding to build local capacity in local health jurisdictions was approximately \$10 million to be applied to Urgent Needs. Additional money was provided for partnerships between jurisdictions and tribal nations. Some environmental health projects were paid for by Urgent Need dollars. Urgent Need funding was renamed Local Capacity Development Funds in 1995.

A secondary provision of the Health Services Act of 1993 was the Legislature's decision to remove cities from ongoing funding of local public health departments. The Legislature accomplished this action by assigning 3.4% of the cities Motor Vehicle Excise Tax (MVET) to local health jurisdictions. It was anticipated MVET dollars would increase as the value of vehicles increased.

The Health Services Act of 1993 was repealed by the 1995 Legislature, essentially stopping the systematic increases in local public health funding. However, LCDF at the 1993 rate continue to come to local health jurisdictions via the Consolidated Contract.

Initiative 695

The voters of Washington State voted in 1999 for a \$30 motor vehicle fee. This action immediately impacted local health MVET dollars. Local environmental health program managers in many jurisdictions were requested to increase fees to cover 100 % of the cost of programs.

A provision of I-695 mandated government officials to put all fees increases to a vote of the public. The intent of I-695 was to reduce the MVET and not allow local and state government to compensate for the MVET loss by charging additional fees. I-695 was challenged in court with the provision for requiring the public to vote on fee increases being found unconstitutional.

Initiative 695 Replacement Funds

The 2000 Legislature acted to replace a portion of the funds lost through I-695. The Legislature allocated monies from the state's "Rainy Day Account" to replace 90% of the dollars public health would have received from MVET. A joint effort between Washington State Local Public Health Officials, the Washington State Legislature, Washington Association of Counties and Washington Association of Cities is underway to address long term state funding.

Current Status of EH Fee Support

Local public health jurisdiction environmental health programs remain funded at the high levels initiated prior to adoption of I-695. Efforts are underway in some counties to decrease fees raised in anticipation of I-695 approval. Local health jurisdiction administrators are hesitant to reduce fees because of the uncertainty of long term state funding.

Funding Local EH Programs

The many sources of funding for local environmental health programs are addressed later in this document under the title "Funding Local Environmental Health Programs."

Categorical Funding Sources

DRINKING WATER PROGRAM	TASK	AUTHORITY	SOURCE OF REVENUES	FREQUENCY OF USE
Private	Assure potability - Building permit	RCW 19.27.097 RCW 70.05.060(7)	hourly	Common
Public	Assure public supplies have capacity	RCW 70.05.060(7)	hourly	
Public	Preparation of complete group B packet for mailing to DOH	RCW 70.05.060(7) Joint Plan of Operation	hourly	Common on Eastside
Public	2-party water system approval	RCW 70.05.060(7)	hourly	Common on Eastside
Public	Group B plan review	RCW 70.05.060(7) Joint Plan of Operation	hourly	Common on Westside
Public	Well site inspection	RCW 70.05.060(7)	hourly	Common
Public	Group A-NC Sanitary Survey	RCW 70.06.060(7) Joint Plan of Operation	hourly	
Public	Annual Sanitary Survey of licensee source	RCW 70.05.060(7)	permit	

SOLID WASTE PROGRAM	TASK	AUTHORITY	SOURCE OF REVENUE	FREQUENCY OF USE
Private	Illegal dumping civil penalty	RCW 70.95.163	civil penalty	common
Public	Inspection of licensed facilities	RCW 70.05.060(7)	permit	common
Public	Tipping fee on solid waste tonnage	RCW 70.05.060(7)	hourly	common
Public	Plan review of new/expanded facilities	RCW 70.05.060(7)	hourly	common
Public	Plan review and ongoing surveillance at biosolids/septage sites	WAC 173-308 Joint Plan of Operation	hourly	in work
Public	Site Hazard Assessment	RCW 70.95B/Grant	hourly	common
Public/Private	Inspection of licensed facilities, illegal dumping, plan review, rule development, technical support, monitoring	RCW 70.95 Coordinated Prevention Grant	hourly, reimbursement for equipment	common

ON-SITE SEWAGE AND LAND DIVISION	TASK	AUTHORITY	SOURCE OF REVENUES	FREQUENCY OF USE
Private/public	Issuance of permit for new, repair, experimental systems	WAC 246-272 RCW 70.05.060(7)	permit	common
Public/private	Plan review, site evaluation, land use planning	RCW 70.05.060(7) WAC 246-272	hourly	common
Private/public	OSS repair for low income clients	RCW 90.50A Federal Clean Water Act	State Revolving Fund DOE Grant	common on Westside
Public/private	Major Project Fee	RCW 70.05.060(7)	hourly	uncommon
Public	Annual evaluation of licensee OSS	RCW 70.05.060(7)	permit	uncommon

LIVING ENVIRONMENT PROGRAM	TASK	AUTHORITY	SOURCE OF REVENUE	FREQUENCY OF USE
Public	Plan review for schools, pools, spas, and camps	WAC 246-366, 260, 376 RCW 70.05.060(7)	hourly	common
Public	Routine surveillance over pools, spas, camps and schools	RCW 70.05.060(7)	permit	common
Public	Reinspection of problem operation	RCW 70.05.060(7)	hourly	uncommon

FOOD PROGRAM	TASK	AUTHORITY	SOURCE OF REVENUE	FREQUENCY OF USE
Private	Foodworker permits	WAC 246-217	permit	common
Private	Monitor Paralytic Shellfish Toxins	Consolidated Contract	Consolidated Contract	Puget Sound Counties Only
Public	Group foodworker classes	RCW 70.05.060(7)	hourly	uncommon
Public	Fixed & temporary food establishment surveillance	WAC 246-215 RCW 70.05.060 (7)	permit	common
Public	Plan review for new/remodeled facility	WAC 246-215 RCW 70.05.060 (7)	hourly	common
Public	Re-inspection of problem licensee	WAC 246-215 RCW 70.05.060 (7)	hourly	common

FOODBORNE ILLNESS FOLLOW-UP	TASK	AUTHORITY	SOURCE OF REVENUE	FREQUENCY OF USE
Public	Follow-up FBI at licensed facility	RCW 70.05.060(7)	hourly	Tacoma-Pierce

ENVIRONMENTAL WATER QUALITY PROGRAM	TASK	AUTHORITY	SOURCE OF REVENUE	FREQUENCY OF USE
Public	Monitor and report on surface water quality	RCW 36.89 Inter-local Agreement	hourly	Kitsap Only

Flexible Funding Sources

VARIABLE PROGRAMS	TASK	AUTHORITY	SOURCE OF REVENUE	FREQUENCY OF USE
Public or Private	Selected by local Environmental Health Staff	RCW 43.70.520 Consolidated Contract	Local Capacity Development Funds	common

Update Needs:

1. Review by DOH EHS staff
2. Revise/Format as needed for manual (Chuck)
3. Review by EH Directors

ENVIRONMENTAL HEALTH PROGRAMS

Contents:

- 4.5.1 Environmental Health
- 4.5.2 Environmental Health Programs
 - Drinking Water Program
 - Solid Waste Program
 - Liquid Waste Program
 - Food Protection Program
 - Living Environment Programs
 - Environmental Health Education

Environmental Health

Historical Perspective

Environmental health is one of the oldest areas of public health. Ancient Egypt had environmental health systems in place 5000 years ago to inspect its water supply. Drainage systems for sewage and solid waste collection were present in India and the Fertile Crescent over 6500 years ago. An environmental health code, with which most people are familiar, is the Mosaic Code in Leviticus of the Bible. In more recent history, Dr. John Snow provided epidemiological proof of the spread of cholera by a water supply in London in 1848/49. He provided an environmental health solution to stop the spread of the disease. He removed the handle from the pump on the well which was contaminated. Public health, and environmental health as part of public health, was included in the basic government structure of the U.S.

Environmental health is often confused with the environmental movement. Technical staff in environmental health are called Environmental Health Specialist or "Sanitarians". Environmental Health Specialists deal with the **effect of the environment on man**. An Environmentalist (as associated with the environmental movement) deals with the **effect of man on the environment**. As you can see, the perspective differs. Fortunately, in many instances, protection of the environment also protects the health of man.

Because environmental health programs have been in place around the world for hundreds and often thousands of years, many laws are on the books which deal with environmental health. Often these laws bind us in performing our job in a specific manner and does not allow the latitude of other methodology, such as education. The proactive methods used by environmental health have been so successful for such a long time, that it is very hard to demonstrate our continued success. We do not have people dying of plaque, cholera, typhoid fever, or many of the other diseases we have experienced in history. It is only when the environmental health controls are removed that these problems occur. Not only are these environmental health controls protecting us from the known problems for which they were developed, such as typhoid fever, but these controls also prevent outbreaks of little known or emergent diseases because the controls are effective against a wide range of microbes. For example, what we do to protect our water supplies from contamination by cholera, typhoid fever and the other diseases for which the measures were developed, also protects us from such organisms as cryptosporidium and cyclosporidium which were not identified until the last several years. Lessening of these controls could allow outbreaks of not only cholera (possibly new strains) as well as outbreaks of unidentified or emerging diseases.

One of the largest threats identified that we have to deal with now is from within - deregulation. As environmental health controls are removed, because people don't want the government to run their lives, we will experience new and/or changed diseases. In 1863, Dr. William Farr stated that "As one disease recedes another replaces it like weeds". This has already happened with Tuberculosis when money was shifted from TB to AIDS. Controls were no longer in place to the degree in the past and now not only do we have another epidemic of TB, but it has returned in a more resistant form.

Environmental Health in Public Health

In recent years, there has been a movement to associate environmental health with public works departments or environmental agencies rather than with public health agencies. This is often because of the methods utilized in the protection of the public health in the environmental health arena. Permits are one of these methods, however, permitting is not utilized as merely a tracking mechanism, but, as a control mechanism to protect the public health. When a permit is issued for a food establishment, associated with that permit are inspections to assure that the establishment complies with regulations to protect the public health. On-site sewage permits are not building permits which allow that a system be built, but a means to assure that systems are designed, installed, and maintained in such a manner that the ground water and hence the public's health is protected.

Environmental health works closely with the public works section of county government. This does not mean that environmental health is public works, no more than public health nursing is social service because they work closely with DSHS. All agencies interact in order to get the job accomplished. The main difference lies in what that job is and in the area of environmental health, it is the protection of public health.

Environmental health works closely with the other areas of public health. Environmental health deals with the area of prevention of disease and chemical or physical exposures within the environment affecting the health of the public. Environmental health is truly population based and deals with protection of the population in general over specific populations. The authority for environmental health programs comes through the health officer. Although environmental Health is usually characterized as the enforcement arm of public health, enforcement is considered to be the last resort for compliance and emphasis is placed on education. Enforcement through legal action or more likely through the denial of a permit, prompts complaints about staff or appeals to a Board of Health. Public health is prevention and environmental health is one of the purest areas of prevention within public health.

Environmental Health Programs

Drinking Water Program

BARS - 520

Authority – RCW 43.20.050, 70.05; Chapters 246-290, 246-291, 173-160 WAC

Funding - Permit fees, local dollars, and Department of Ecology pass-through fees and initial grant.

Purpose - Protection of drinking water from disease organisms or chemical contaminants that may affect the health of the consumer.

Local health jurisdictions and local health officers have independent authority under the above statutes to oversee the safety of drinking water and public water systems. Generally the water program works under a joint plan of operation (JPO) negotiated with the State Department of Health. Under the JPO, local health jurisdictions usually agree to regulate small public water systems that

serve less than 15 residential connections or serve an average nonresidential population of less than 25 per day for 60 or more days, or any number of people for less than 60 days within a calendar year. These water systems are defined as "Group B Water Supplies". The State Board of Health has authorized the local health officer to exempt two-connection water supplies from any or all requirements, including ongoing monitoring, under the Group B program if the local health jurisdiction has primary authority for them under the JPO. Program staff provide consultation with private well owners on water quality issues and advise them on how to provide and maintain a safe drinking water supply.

The State Department of Health's Division of Drinking Water ("Division") has responsibility for overseeing a comprehensive regulatory program for all water systems subject to federal Safe Drinking Water Act (SDWA), which are defined as "Group A" water systems. Generally, these are systems that serve 15 or more connections, or serve an average of 25 or more people for 60 or more days each year. Pursuant to the JPO, the Division may have some or all authority for Group B regulation. It may delegate some or all authority for the regulation of small Group A systems (typically those under 100 connections), such as routine sanitary surveys. The Division offers training on drinking water issues, and assists in investigations of potential waterborne disease outbreaks or other health issues associated with drinking water. The Division has three field offices—in Spokane, Seattle, and Lacey—which have routine meetings with local health staff within their respective regions. The Division also provides funding to local health jurisdictions for special projects. Local health jurisdictions have a representative on the Division's major stakeholder group, the Water Supply Advisory Committee, which meets quarterly.

Well Drilling Program

The local health jurisdiction can take delegation authority from the Washington State Department of Ecology to administer the drinking water well sealing and decommissioning components of Chapter 173-160 WAC, *Well Construction and Maintenance*.

The purpose of the well program is to help assure safe drinking water supplies for private well owners by inspecting well construction in general and the integrity of the surface seal in particular. Additionally, the program is responsible for overseeing the decommissioning of abandoned wells that pose a hazard to public health and safety. The program is funded through the Department of Ecology under contract with an initial grant of \$10,000 to set up the program. 50% of the proceeds from well construction "Start Cards" are given to the local health jurisdiction by the Department of Ecology to administer the program. The percentage of wells inspected and decommissioned is determined by negotiation of a contract with the Department of Ecology. The 2000 Legislature made permanent the authority For Ecology to delegate this program to local health jurisdictions.

Solid Waste Program

BARS - 530

Authority - 70.95 RCW and Chapters 173-304, 173-340, and 173-308 WAC

Funding - Permit fees, Department of Ecology Grant, and local dollars.

Purpose - Control the disposal of materials which may affect the chemical quality of the ground water which may affect drinking water sources. Air quality is dealt with in conjunction with the air pollution control authority.

The local health officer is delegated his/her authority by Chapter 70.95 RCW, Chapter 173-304 WAC, to enforce regulatory requirements for the management and handling of solid wastes. The permitting and inspection of solid waste facilities and the investigation of unlicensed sites for compliance, usually resulting from solid waste complaints, are the primary tools of enforcement for the protection of public health and the environment. The solid waste program is funded by fees for annually permitted facilities, and a solid waste enforcement grant from the Washington State

Department of Ecology. The disposal of septage is controlled by the licensing of septic pumpers to assure that septage is disposed of into a permitted facility or according to the biosolids regulations.

Site Hazard Assessment Program

The local health jurisdiction can enter into a grant agreement with the Washington State Department of Ecology to conduct site hazard assessments on sites which may be adversely affecting the environment by the release of contaminants. This is accomplished with field screening, sampling, and other data collecting procedures. The collected information is used to evaluate environmental and human health risks and to rank a site according to the Washington Ranking Method (WARM). This ranking is then used to compare the site to others in the state in terms of relative risk to human health and the environment and help set priorities for remedial action. The Department of Ecology's regulating authority is granted through Chapter 173-340 WAC, the Model Toxics Control Act (MTCA). Funding for the program is entirely by grant funds from the Department of Ecology at 100% of costs

Liquid Waste Program

BARS - 540

Authority - RCW 58.17 and Chapter 246-272 WAC

Funding - Permit fees, Department of Ecology Educational Grant, and local dollars.

Purpose - Protection of the ground and surface water from contamination by chemical and disease organisms originating from the disposal of human sewage. Prevent access of humans to contaminants through proper handling.

Liquid waste is a demand program, especially during the normal construction season. Local health officers are responsible for all on-site sewage systems which serve structures generating daily wastewater flows of 3,500 gallons or less at a common point (e.g. building drain). A high degree of interaction with other county agencies is required. The primary State relationship is with the Department of Health (DOH) and on a distant secondary basis, the Department of Ecology (DOE). Inspectors who work in this program are required to be certified by the Department of Licensing. Persons who design on-site sewage systems must be licensed as designers by the state.

Land Use Program

Local planning departments through state law and local ordinances submit proposed land use action to jurisdictional agencies for review and comment. The local health jurisdiction forwards findings and conditions of approval involving the provisions for drinking water and sewage disposal method requirements. This program is partially funded by fees collected for review of the proposed land use actions.

Food Protection Program

BARS 560

Authority - Chapter 246-215 WAC

Funding - Permit fees and local dollars

Purpose - Assurance of sanitary standards in food service operations to prevent disease and chemical exposure.

Each permitted food service establishment must be inspected at least once per year and establishments with a higher risk (termed complex menu facilities) are to be inspected at least twice per year.

Because the local health jurisdiction is normally in the food establishment only once or twice a year, the food establishment owner and employees are encouraged to take a more active part in protecting the health of their customer. To be more active the handler has to be knowledgeable on the proper food handling practices. Education is a major component of the food program. The staff are expected to incorporate education in their routine inspections and distribute educational handouts during inspections. Educational presentations are offered to food establishments, schools, and community groups. An ongoing issue is the need to more adequately address foreign language translations for educational purposes.

Food Worker Cards

Authority – Chapter 246-217 WAC

Funding – Fee payable by food worker

Any individual employed in the handling of unwrapped or unpackaged food must possess a food worker card issued by a local health jurisdiction in Washington State. The initial card is valid for two years and subsequent renewal cards for three years. The cost of the card is to reflect actual costs of food worker training and education, administration of the program, and testing of applicants. Currently the State Board of Health has set the card fee at \$8.00. This is the only environmental health fee set by the State Board of Health.

Besides English food handler booklets and tests are available in Spanish, Chinese, Korean, Russian, and Vietnamese.

A work group consisting of local health jurisdiction staff, State Department of Health staff and representatives from the food service industry prepared a revised food worker test in 2000. English and Spanish versions of the test are available.

Revisions to Chapter 246-217 WAC, effective January of 2000 mandated local health jurisdictions to provide at least 30 minutes of instruction to food workers. A number of local health jurisdictions across Washington State are establishing training procedures to meet the State Board of Health requirement.

Living Environment

BARS - 580

Authority - Chapters 246-366, 246-260, and 246-262 WAC

Funding - Service fees, permit fees and local dollars

Purpose - To protect the population from injury or disease in public buildings, schools, or water recreational facilities.

In cooperation with other government agencies, living environment program staff may be involved with the inspection of dangerous buildings. Buildings may be inspected for public health items such as attractive nuisances or rodent harborage areas.

Living environment program staff respond to public building complaints and provide consultation regarding issues such as sanitation.

Schools

Chapter 246-366 WAC gives the local health officers authority over public, private, or parochial kindergarten through twelfth grade schools. This allows for health and safety inspections in these schools as well as review of school construction plans, pre-occupancy inspections, response to complaints, and consultation on a variety of issues, ranging from indoor air quality to playground equipment.

The Public Health Improvement Plan lists playground injuries as a key public health problem, citing as many as 50,000 school playground injuries in Washington state every year.

A statewide steering committee has been formed in order to address the local health jurisdiction role in school inspections. An updated inspection checklist is currently being field tested for use.

Water Recreation

The local health officer has authority over water recreation facilities (swimming pools, spas, wading pools, and spray pools) and recreational water contact facilities (water slides, wave pools, etc.). In general, jurisdiction is confined to general and limited use facilities, such as municipal, club, hotel, apartment, and homeowner's association pools. Authority over private pools is not included. In addition to conducting inspections, local health jurisdictions may respond to complaints, review construction plans, conduct pre-occupancy inspections, and provide consultation/training to pool operators.

Drowning is the leading cause of death to children aged 1 - 4 in Washington state. Washington, in fact, has the 18th highest drowning rate in the country. For this reason, local health jurisdictions actively participate on the local drowning prevention coalitions, dedicated to reducing the number of drownings and near-drownings in the state. The coalitions have implemented life jacket loan programs, developed educational materials, sponsored statewide water safety events such as April Pod's Day, and filmed public service announcements.

The water recreation program has been eliminated at the state level due to budget constraints. This is a concern because of the high rate of drownings and the exposure to disease at public bathing beaches.

Vector/Chemical and Physical Hazards

BARS - 590

Authority - WAC 246-100-191, 246-100-196, and 246-100-036, Chapter 246-205 WAC and RCW 70.05.070

Funding - Local dollars, Site Hazard Assessment Grant, EPA Radon Grant

Purpose - To protect the public from diseases carried by vectors and from exposure to chemical and physical hazards which may cause harm to humans.

Vectors

In order to prevent the incidence of rabies, vector program staff ensure that animals involved in biting incidents are healthy after quarantine or sent to the state lab for testing. Staff coordinate with animal control agencies, veterinarians, and epidemiologists in order to determine the potential for rabies transmission and/or the need for bite victims to undergo rabies prophylaxis. Staff operate under the authority of Title 70.05 RCW and Chapter 246-100 WAC, and work in accordance with CDC's Compendium of Animal Rabies Control.

Vector program staff provide consultations to the public regarding ticks, mites, mice, or other vectors of public health significance. In addition, staff respond to vector complaints and develop educational materials for distribution to the public.

Chemical and Physical Hazards

This program relies on a variety of regulatory authority for the abatement of chemical and physical hazards in the environment. The main focus of the program is to provide consultative, informational, and referral services for the general public on a variety of subjects that affect the public health such

as formaldehyde, carbon monoxide, radon, etc. The program maintains current educational material on potentially hazardous substances for informational inquiries by the public.

The program is also involved in the assessment of public health threats at illegal drug lab sites. This activity may be funded through the site hazard assessment program.

Radiation Protection

The Washington State Department of Health is the state radiation control agency. The Department's Division of Radiation Protection works to protect the public and the environment from the harmful effects of ionizing radiation. By regulating the uses of radiation and measuring radiation levels, exposure is minimized and health is protected. The Division's seven (7) sections are:

- Radiological Health
- X-Ray
- Radioactive Materials
- Environmental Radiation
- Air Emissions & Defense Waste
- Waste Management
- Nuclear Safety

Tobacco

BARS - 440

Funding - Local dollars, Grants, Tobacco Settlement Funds

Purpose - Protection of the public from the increased risk of chronic disease through the use of tobacco products.

This program is mostly an educational campaign. Youth are a target of the tobacco industry and education of this population is a vital role of the program. Various methods from peer groups to tobacco sales sting operations are used to reduce the exposure of youth to tobacco. Tobacco advertising restrictions have been put in place by several local health jurisdictions and are currently being tested in the courts. Tobacco cessation activities and information to the public on smoke free facilities are often activities included as well.

Environmental Health Education

BARS - 730

Funding - Local dollars

Purpose - Assist in the provision of education and educational materials to the general public on environmental health issues.

Education is a vital part of the public health system. Education is primary with enforcement serving as a last resort. Because of the limited exposure between the client (often an industry such as a food establishment) and the environmental health specialist, it is important that the message that is presented is understandable and beneficial. This program is often integrated into any of the other environmental health programs without special designation as a separate activity. Some local health jurisdictions utilize the expertise of public health educators to aid the technical environmental health staff with the production of educational materials such as brochures, pamphlets, videos, etc. Educational presentations are coordinated between the two areas of expertise.

Update Needs:

1. Review by DOH EHS staff
 2. Revise/Format as needed for manual (Chuck)
 3. Review by EH Directors
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COMPETENCY FOR ENVIRONMENTAL HEALTH DIRECTORS

Contents:

- 5.1 Purpose
- 5.2 Competency
- 5.3
- 5.4
- 5.5

Purpose

Updates Needed:

Use content in the HO & PHND as model for drafting this section

Incorporate content from *Environmental Health Competency Project: Recommendations for Competencies for Local Environmental Health Practitioners* (NCEH/APHA)??

SELF-ASSESSMENT SURVEY FOR ENVIRONMENTAL HEALTH DIRECTORS

Contents:

- 6.1 Purpose
- 6.2
- 6.3
- 6.4
- 6.5

Purpose

Updates Needed:

Use content in the HO & PHND as model for drafting this section

MENTORING FOR NEW ENVIRONMENTAL HEALTH DIRECTORS

Contents:

- 7.1 Purpose
- 7.2
- 7.3
- 7.4
- 7.5

Purpose

Updates Needed:

Use content in the HO & PHND as model for drafting this section